

MAR 13 2015

SENATE RESOLUTION

URGING THE REESTABLISHMENT OF THE WORKING GROUP TO EXAMINE
SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR
MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS.

1 WHEREAS, a person's health is affected by social
2 determinants of health, which have considerable bearing on the
3 health of all individuals and the population in general, even
4 more so than a person's genetic disposition and the traditional
5 medical care they receive; and

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7 WHEREAS, the "County Health Rankings & Roadmaps" report has
8 found that much of life expectancy and health status is
9 attributed to social and economic factors (40 percent), health
10 behaviors (30 percent), and the physical environment (10
11 percent), leaving only 20 percent to clinical care; and

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13 WHEREAS, many individuals are subject to multiple
14 determinants, or risks, such as homelessness, language barriers,
15 abuse, unemployment, poverty, and lack of transportation at any
16 given time; and

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18 WHEREAS, social determinants of health complicate the
19 ability to address individual and community health concerns and
20 pose challenges to patients and providers in identifying,
21 assessing, and treating health problems; and

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23 WHEREAS, enabling services, which are non-clinical services
24 designed to address gaps in care by qualified staff from the
25 community who build relationships and trust with patients, can
26 reduce social determinants of health barriers and address issues
27 such as housing, transportation, interpretation, economic
28 security, and linkage and coordination with providers of other
29 services, such as education, behavioral health, and employment
30 services; and

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32 WHEREAS, unmet needs for social determinants of health and
33 other enabling services, including care coordination, often
34 result in costlier, preventable health care costs such as
35 hospitalizations and emergency-room utilization; and



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2 WHEREAS, traditional health care and payment for health
3 care do not address social determinants of health related to
4 language, culture, economic and livelihood security,
5 environmental quality, transportation, and many other barriers
6 individuals face to utilize health care services; and
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8 WHEREAS, health care costs could be reduced with improved
9 access to primary care services and risk adjustment for social
10 determinants of health and other enabling services; and
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12 WHEREAS, the Medicaid, gap-group, and uninsured populations
13 have significant socioeconomic pressures, which if addressed
14 will result in measurable improvement in preventable health care
15 costs; and
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17 WHEREAS, differences among population groups exist;
18 therefore, disaggregation of assessment data by race, age,
19 gender, socioeconomic status, education level, and geography is
20 vital to addressing social determinants of health; and
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22 WHEREAS, the Legislature adopted H.C.R. No. 146, H.D. 1,
23 during the Regular Session of 2013, establishing a social
24 determinants of health and risk adjustment working group; now,
25 therefore,
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27 BE IT RESOLVED by the Senate of the Twenty-eighth
28 Legislature of the State of Hawaii, Regular Session of 2015,
29 that the President of the Senate and Speaker of the House of
30 Representatives are requested to reestablish a working group to
31 examine social determinants of health and risk adjustment for
32 Medicaid, gap-group, and uninsured individuals; and
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34 BE IT FURTHER RESOLVED that the working group include but
35 not be limited to the following members:
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- 37 (1) The Insurance Commissioner or the Commissioner's
38 designee;
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40 (2) The Director of Human Services or the Director's
41 designee;
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- (3) Representatives from health insurance plans within the State to be chosen by the Director of Health;
- (4) The President of the Healthcare Association of Hawaii or the President's designee;
- (5) The Chief Executive Officer of the Hawaii Primary Care Association or the Chief Executive Officer's designee;
- (6) The President of the Hawaii Medical Association or the President's designee;
- (7) The Director of Health or the Director's designee;
- (8) Three members from Hawaii's health care provider community to be chosen by the Director of Health;
- (9) Three members from Hawaii's community health centers to be chosen by the Director of Human Services;
- (10) One consumer who is enrolled in Medicaid, one consumer who falls into the gap-group, and one consumer who is uninsured;
- (11) The Executive Director of the Hawaii Health Connector or the Executive Director's designee;
- (12) The Coordinator of the Governor's Healthcare Transformation Office or the Coordinator's designee;
- (13) The chairs of the House and Senate Health and Human Services committees; and
- (14) The Chief Executive Officer of the Office of Hawaiian Affairs or the Chief Executive Officer's designee; and

BE IT FURTHER RESOLVED that the Healthcare Transformation Office Coordinator, in partnership with the Legislature, is requested to provide a facilitator for the working group; and

BE IT FURTHER RESOLVED that the working group is requested, at a minimum, to examine the following:



- (1) Enabling services and payment for these services;
- (2) Care coordination efforts, including which settings offer care coordination, who employs care coordinators, whether health plans pay for on-site or off-site coordination, whether there are any standardization of care coordination efforts with hospitals, and the transition of care from hospital to the community setting;
- (3) The structure of incentives provided by the State to health plans, and a determination of whether the incentives align effectively with providers;
- (4) The effectiveness of health plan coordinated and managed behavioral health services, substance abuse treatment, and pain management;
- (5) The management of risk pools and the collaboration and shared information of these risk pools between plans and providers;
- (6) Value-added services that are offered in health care homes, including engaging community, cultural proficiency, workforce and job training, and care-enabling services, identifying the settings where these services are offered, and identifying whether the State incentivizes these services;
- (7) The risk adjustment systems identifying medical complexity and social determinants that need to be improved or adopted to ensure patients receive necessary care and that performance-based incentives for providers are fair;
- (8) Risk adjustment between the State and health plans, including high-risk patients with behavioral conditions and the early onset of chronic disease, particularly for Native Hawaiians and other high-risk populations;



(9) How other states are implementing comprehensive approaches to Medicaid and health insurance exchange risk-adjustment practices that incorporate medical and social risk factors; and

(10) The benefit package for gap-group and Medicaid enrollees and an analysis of their needs, including social determinants of health, enabling services, and reimbursement rates from the State and health plans; and

BE IT FURTHER RESOLVED that the working group is requested to submit a preliminary report of its findings and recommendations, including any proposed legislation, to the Legislature no later than 20 days prior to the convening of the Regular Session of 2016, and a final report to the Legislature no later than 20 days prior to the convening of the Regular Session of 2017; and

BE IT FURTHER RESOLVED that the working group be subject to chapter 92, Hawaii Revised Statutes; and

BE IT FURTHER RESOLVED that the working group cease to exist on June 30, 2017; and

BE IT FURTHER RESOLVED that certified copies of this Resolution be transmitted to the Governor, Director of Human Services, Director of Health, Director of Commerce and Consumer Affairs, Healthcare Transformation Coordinator, Insurance Commissioner, Healthcare Association of Hawaii, Hawaii Primary Care Association, Hawaii Medical Association, and Executive Director of the Hawaii Health Connector.

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